

SERFF Tracking Number: AWLP-127944418 State: California
Filing Company: Anthem Blue Cross Life and Health Insurance Company State Tracking Number: PF-2012-00014
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Product Name: California Individual HIPAA
Project Name/Number: /

Filing at a Glance

Company: Anthem Blue Cross Life and Health Insurance Company

Product Name: California Individual HIPAA SERFF Tr Num: AWLP-127944418 State: California
TOI: H16I Individual Health - Major Medical SERFF Status: Assigned State Tr Num: PF-2012-00014
Sub-TOI: H16I.005A Individual - Preferred Co Tr Num: State Status:
Provider (PPO)
Filing Type: Rate

Reviewer(s): Maria Reyes, Angela Jang, Bruce Hinze, Ali Zaker-Shahrak, Marina Zen, Wayne Thomas

Author: Yuna Mindlin
Date Submitted: 12/31/2011

Disposition Date:
Disposition Status:
Implementation Date:

Implementation Date Requested: 04/01/2012

General Information

Project Name:
Project Number:
Requested Filing Mode: File & Use
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 6.3%

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 01/03/2012
State Status Changed:
Created By: Yuna Mindlin
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Yuna Mindlin
PPACA: Not PPACA-Related
PPACA Notes: null
Filing Description:
California Individual HIPAA Rate Filing 1/1/12

Company and Contact

Filing Contact Information

SERFF Tracking Number: AWLP-127944418 State: California

Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2012-00014
Company

Company Tracking Number:

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)

Product Name: California Individual HIPAA

Project Name/Number: /

Aaron Kohn, Individual Aaron.Kohn@wellpoint.com
2100 Corporate Center Dr 805-713-8263 [Phone]
Newbury Park, CA 91320

Filing Company Information

Anthem Blue Cross Life and Health Insurance CoCode: 62825 State of Domicile: California
Company
21555 Oxnard Street Group Code: 671 Company Type: Life, Accident,
Health
Woodland Hills, CA 91367 Group Name: WellPoint Inc Group State ID Number:
(916) 447-9280 ext. [Phone] FEIN Number: 95-4331852

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Anthem Blue Cross Life and Health Insurance Company	\$0.00		

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Anthem Blue Cross Life and Health Insurance Company	Increase	7.000%	7.000%	\$165,422	2,957	\$2,379,408	14.300%	-0.300%
<div> <div>Product Type:</div> <div>HMO</div> <div>PPO</div> <div>EPO</div> <div>POS</div> <div>HSA</div> <div>HDHP</div> <div>FFS</div> <div>Other</div> </div> <div> <div>Covered Lives:</div> <div>3,403</div> </div> <div> <div>Policy Holders:</div> <div>2,957</div> </div>								

SERFF Tracking Number:	AWLP-127944418	State:	California
Filing Company:	Anthem Blue Cross Life and Health Insurance Company	State Tracking Number:	PF-2012-00014
Company Tracking Number:			
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)
Product Name:	California Individual HIPAA		
Project Name/Number:	/		

Rate Review Details

COMPANY:

Company Name:	Anthem Blue Cross Life and Health Insurance Company
HHS Issuer Id:	48962
Product Names:	HIPAA Basic PPO 1000 HIPAA Share 5000 HIPAA PPO Saver Plan Basic PPO 1000 Conversion (AB 1401 Conversion) Conversion Share 5000 (AB1401 Conversion) HIPAA ClearProtection Plus 1000 HIPAA ClearProtection Plus 5000 Conversion ClearProtection Plus 5000 (AB1401 Conversion)

Trend Factors:

FORMS:

New Policy Forms:	0JT9, 0JTA, 0JTW
Affected Forms:	DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, 0ADP, PE42,07TT,028D,06BS
Other Affected Forms:	

REQUESTED RATE CHANGE

INFORMATION:

Change Period:	Annual
Member Months:	37,482
Benefit Change:	None
Percent Change Requested:	Min: -0.3 Max: 14.3 Avg: 7.0

PRIOR RATE:

<i>SERFF Tracking Number:</i>	<i>AWLP-127944418</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Anthem Blue Cross Life and Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2012-00014</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>California Individual HIPAA</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Total Earned Premium:	24,597,261.00		
Total Incurred Claims:	33,669,260.00		
Annual \$:	Min: 656.24 Max: 656.24 Avg: 656.24		
REQUESTED RATE:			
Projected Earned Premium:	33,814,729.00		
Projected Incurred Claims:	45,817,394.00		
Annual \$:	Min: 730.49 Max: 730.49 Avg: 730.49		

SERFF Tracking Number: AWLP-127944418 State: California

Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2012-00014
Company

Company Tracking Number:

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)

Product Name: California Individual HIPAA

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
	HIPAA Rate Sheets 2012	DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, 0ADP, PE42, 07TT, 028D, 06BS, 0JT9, 0JTA, 0JTW	New		RATE_SHEET_C DI_HIPAA_2012. pdf

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company****(Contract Code PE03, 0ADP--Anthem Blue Cross Life and Health Insurance Company HIPAA PPO Saver)**

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$313	\$271	\$286	\$288	\$303	\$275
	15-29	\$367	\$350	\$371	\$342	\$354	\$335
	30-34	\$501	\$455	\$486	\$448	\$471	\$432
	35-39	\$568	\$506	\$535	\$513	\$541	\$482
	40-44	\$638	\$568	\$608	\$571	\$600	\$536
	45-49	\$741	\$646	\$664	\$616	\$650	\$600
	50-54	\$946	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,137	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,580	\$1,408	\$1,476	\$1,445	\$1,520	\$1,400
	70-74	\$1,674	\$1,497	\$1,574	\$1,523	\$1,601	\$1,490
	75+	\$1,780	\$1,602	\$1,677	\$1,614	\$1,697	\$1,597
Subscriber & 1 Dependent	<15	\$684	\$599	\$623	\$573	\$601	\$562
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$986	\$1,023	\$927	\$938	\$875
	15-29	\$1,508	\$1,331	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company****(Contract Code PE02, 0ADN--Anthem Blue Cross Life and Health Insurance Company HIPAA Basic PPO 1000)**

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$313	\$271	\$286	\$288	\$303	\$275
	15-29	\$367	\$350	\$371	\$342	\$354	\$335
	30-34	\$501	\$455	\$486	\$448	\$471	\$432
	35-39	\$568	\$506	\$535	\$513	\$541	\$482
	40-44	\$638	\$568	\$608	\$571	\$600	\$536
	45-49	\$741	\$646	\$664	\$616	\$650	\$600
	50-54	\$946	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,137	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,580	\$1,408	\$1,476	\$1,445	\$1,520	\$1,400
	70-74	\$1,674	\$1,497	\$1,574	\$1,523	\$1,601	\$1,490
	75+	\$1,780	\$1,602	\$1,677	\$1,614	\$1,697	\$1,597
Subscriber & 1 Dependent	<15	\$684	\$599	\$623	\$573	\$601	\$562
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$986	\$1,023	\$927	\$938	\$875
	15-29	\$1,508	\$1,331	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code R417, 0ADU--Anthem Blue Cross Life and Health Insurance Company HIPAA PPO Share \$5,000 Deductible)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$313	\$271	\$286	\$288	\$303	\$275
	15-29	\$367	\$350	\$371	\$342	\$354	\$335
	30-34	\$501	\$455	\$486	\$448	\$471	\$432
	35-39	\$568	\$506	\$535	\$513	\$541	\$482
	40-44	\$638	\$568	\$608	\$571	\$600	\$536
	45-49	\$741	\$646	\$664	\$616	\$650	\$600
	50-54	\$946	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,137	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,580	\$1,408	\$1,476	\$1,445	\$1,520	\$1,400
	70-74	\$1,674	\$1,497	\$1,574	\$1,523	\$1,601	\$1,490
	75+	\$1,780	\$1,602	\$1,677	\$1,614	\$1,697	\$1,597
Subscriber & 1 Dependent	<15	\$684	\$599	\$623	\$573	\$601	\$562
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$986	\$1,023	\$927	\$938	\$875
	15-29	\$1,508	\$1,331	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code PE42, 07TT--Anthem Blue Cross Life and Health Insurance Company Basic 1000 PPO Conversion)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$313	\$271	\$286	\$288	\$303	\$275
	15-29	\$367	\$350	\$371	\$342	\$354	\$335
	30-34	\$501	\$455	\$486	\$448	\$471	\$432
	35-39	\$568	\$506	\$535	\$513	\$541	\$482
	40-44	\$638	\$568	\$608	\$571	\$600	\$536
	45-49	\$741	\$646	\$664	\$616	\$650	\$600
	50-54	\$946	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,137	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,580	\$1,408	\$1,476	\$1,445	\$1,520	\$1,400
	70-74	\$1,674	\$1,497	\$1,574	\$1,523	\$1,601	\$1,490
	75+	\$1,780	\$1,602	\$1,677	\$1,614	\$1,697	\$1,597
Subscriber & 1 Dependent	<15	\$684	\$599	\$623	\$573	\$601	\$562
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$986	\$1,023	\$927	\$938	\$875
	15-29	\$1,508	\$1,331	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company****(Contract Code DL99, 0ADL--Anthem Blue Cross Life and Health Insurance Company HIPAA Basic PPO 1000)**

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$313	\$271	\$286	\$288	\$303	\$275
	15-29	\$367	\$350	\$371	\$342	\$354	\$335
	30-34	\$501	\$455	\$486	\$448	\$471	\$432
	35-39	\$568	\$506	\$535	\$513	\$541	\$482
	40-44	\$638	\$568	\$608	\$571	\$600	\$536
	45-49	\$741	\$646	\$664	\$616	\$650	\$600
	50-54	\$946	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,137	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,580	\$1,408	\$1,476	\$1,445	\$1,520	\$1,400
	70-74	\$1,674	\$1,497	\$1,574	\$1,523	\$1,601	\$1,490
	75+	\$1,780	\$1,602	\$1,677	\$1,614	\$1,697	\$1,597
Subscriber & 1 Dependent	<15	\$684	\$599	\$623	\$573	\$601	\$562
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$986	\$1,023	\$927	\$938	\$875
	15-29	\$1,508	\$1,331	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code DZ30, 0ADM--Anthem Blue Cross Life and Health Insurance Company HIPAA PPO Share \$5,000 Deductible)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$313	\$271	\$286	\$288	\$303	\$275
	15-29	\$367	\$350	\$371	\$342	\$354	\$335
	30-34	\$501	\$455	\$486	\$448	\$471	\$432
	35-39	\$568	\$506	\$535	\$513	\$541	\$482
	40-44	\$638	\$568	\$608	\$571	\$600	\$536
	45-49	\$741	\$646	\$664	\$616	\$650	\$600
	50-54	\$946	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,137	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,580	\$1,408	\$1,476	\$1,445	\$1,520	\$1,400
	70-74	\$1,674	\$1,497	\$1,574	\$1,523	\$1,601	\$1,490
	75+	\$1,780	\$1,602	\$1,677	\$1,614	\$1,697	\$1,597
Subscriber & 1 Dependent	<15	\$684	\$599	\$623	\$573	\$601	\$562
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$986	\$1,023	\$927	\$938	\$875
	15-29	\$1,508	\$1,331	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code 025S, 06BQ--Anthem Blue Cross Life and Health Insurance Company HIPAA Basic PPO 1000)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$345	\$306	\$316	\$288	\$303	\$286
	15-29	\$446	\$391	\$404	\$372	\$391	\$368
	30-34	\$593	\$497	\$510	\$474	\$500	\$464
	35-39	\$668	\$549	\$562	\$525	\$554	\$512
	40-44	\$714	\$598	\$614	\$571	\$603	\$560
	45-49	\$764	\$646	\$664	\$616	\$650	\$605
	50-54	\$956	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,138	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,708	\$1,500	\$1,546	\$1,445	\$1,520	\$1,434
	70-74	\$1,801	\$1,583	\$1,629	\$1,523	\$1,601	\$1,511
	75+	\$1,908	\$1,678	\$1,726	\$1,614	\$1,697	\$1,600
Subscriber & 1 Dependent	<15	\$684	\$610	\$632	\$573	\$601	\$569
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$1,009	\$1,051	\$953	\$999	\$949
	15-29	\$1,513	\$1,341	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code 025Q, 06BR--Anthem Blue Cross Life and Health Insurance Company HIPAA PPO Share \$5,000 Deductible)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$345	\$306	\$316	\$288	\$303	\$286
	15-29	\$446	\$391	\$404	\$372	\$391	\$368
	30-34	\$593	\$497	\$510	\$474	\$500	\$464
	35-39	\$668	\$549	\$562	\$525	\$554	\$512
	40-44	\$714	\$598	\$614	\$571	\$603	\$560
	45-49	\$764	\$646	\$664	\$616	\$650	\$605
	50-54	\$956	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,138	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,708	\$1,500	\$1,546	\$1,445	\$1,520	\$1,434
	70-74	\$1,801	\$1,583	\$1,629	\$1,523	\$1,601	\$1,511
	75+	\$1,908	\$1,678	\$1,726	\$1,614	\$1,697	\$1,600
Subscriber & 1 Dependent	<15	\$684	\$610	\$632	\$573	\$601	\$569
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$1,009	\$1,051	\$953	\$999	\$949
	15-29	\$1,513	\$1,341	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code 028D, 06BS--Anthem Blue Cross Life and Health Insurance Company PPO CONVERSION Share 5000)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$345	\$306	\$316	\$288	\$303	\$286
	15-29	\$446	\$391	\$404	\$372	\$391	\$368
	30-34	\$593	\$497	\$510	\$474	\$500	\$464
	35-39	\$668	\$549	\$562	\$525	\$554	\$512
	40-44	\$714	\$598	\$614	\$571	\$603	\$560
	45-49	\$764	\$646	\$664	\$616	\$650	\$605
	50-54	\$956	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,138	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,708	\$1,500	\$1,546	\$1,445	\$1,520	\$1,434
	70-74	\$1,801	\$1,583	\$1,629	\$1,523	\$1,601	\$1,511
	75+	\$1,908	\$1,678	\$1,726	\$1,614	\$1,697	\$1,600
Subscriber & 1 Dependent	<15	\$684	\$610	\$632	\$573	\$601	\$569
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$1,009	\$1,051	\$953	\$999	\$949
	15-29	\$1,513	\$1,341	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company**

(Contract Code 0TJ9--Anthem Blue Cross Life and Health Insurance Company HIPAA ClearProtection Plus 1000)

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$345	\$306	\$316	\$288	\$303	\$286
	15-29	\$446	\$391	\$404	\$372	\$391	\$368
	30-34	\$593	\$497	\$510	\$474	\$500	\$464
	35-39	\$668	\$549	\$562	\$525	\$554	\$512
	40-44	\$714	\$598	\$614	\$571	\$603	\$560
	45-49	\$764	\$646	\$664	\$616	\$650	\$605
	50-54	\$956	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,138	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,708	\$1,500	\$1,546	\$1,445	\$1,520	\$1,434
	70-74	\$1,801	\$1,583	\$1,629	\$1,523	\$1,601	\$1,511
	75+	\$1,908	\$1,678	\$1,726	\$1,614	\$1,697	\$1,600
Subscriber & 1 Dependent	<15	\$684	\$610	\$632	\$573	\$601	\$569
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$1,009	\$1,051	\$953	\$999	\$949
	15-29	\$1,513	\$1,341	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company****(Contract Code 0TJA--Anthem Blue Cross Life and Health Insurance Company HIPAA ClearProtection Plus 5000)**

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$345	\$306	\$316	\$288	\$303	\$286
	15-29	\$446	\$391	\$404	\$372	\$391	\$368
	30-34	\$593	\$497	\$510	\$474	\$500	\$464
	35-39	\$668	\$549	\$562	\$525	\$554	\$512
	40-44	\$714	\$598	\$614	\$571	\$603	\$560
	45-49	\$764	\$646	\$664	\$616	\$650	\$605
	50-54	\$956	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,138	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,708	\$1,500	\$1,546	\$1,445	\$1,520	\$1,434
	70-74	\$1,801	\$1,583	\$1,629	\$1,523	\$1,601	\$1,511
	75+	\$1,908	\$1,678	\$1,726	\$1,614	\$1,697	\$1,600
Subscriber & 1 Dependent	<15	\$684	\$610	\$632	\$573	\$601	\$569
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$1,009	\$1,051	\$953	\$999	\$949
	15-29	\$1,513	\$1,341	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

RATES EFFECTIVE 1/1/2012**Anthem Blue Cross Life and Health Insurance Company****(Contract Code 0TJW--Anthem Blue Cross Life and Health Insurance Company Conversion ClearProtection Plus 5000)**

	Age Range	Pricing Area					
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Subscriber Only	<15	\$345	\$306	\$316	\$288	\$303	\$286
	15-29	\$446	\$391	\$404	\$372	\$391	\$368
	30-34	\$593	\$497	\$510	\$474	\$500	\$464
	35-39	\$668	\$549	\$562	\$525	\$554	\$512
	40-44	\$714	\$598	\$614	\$571	\$603	\$560
	45-49	\$764	\$646	\$664	\$616	\$650	\$605
	50-54	\$956	\$785	\$804	\$750	\$792	\$731
	55-59	\$1,138	\$920	\$939	\$880	\$931	\$856
	60-64	\$1,138	\$920	\$939	\$880	\$931	\$856
	65-69	\$1,708	\$1,500	\$1,546	\$1,445	\$1,520	\$1,434
	70-74	\$1,801	\$1,583	\$1,629	\$1,523	\$1,601	\$1,511
	75+	\$1,908	\$1,678	\$1,726	\$1,614	\$1,697	\$1,600
Subscriber & 1 Dependent	<15	\$684	\$610	\$632	\$573	\$601	\$569
	15-29	\$920	\$816	\$841	\$775	\$815	\$769
	30-34	\$1,080	\$946	\$975	\$898	\$945	\$889
	35-39	\$1,179	\$1,037	\$1,068	\$986	\$1,037	\$976
	40-44	\$1,289	\$1,135	\$1,172	\$1,079	\$1,135	\$1,069
	45-49	\$1,505	\$1,269	\$1,301	\$1,209	\$1,275	\$1,187
	50-54	\$1,879	\$1,556	\$1,595	\$1,486	\$1,568	\$1,452
	55-59	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	60-64	\$2,241	\$1,805	\$1,840	\$1,727	\$1,820	\$1,678
	65-69	\$3,199	\$2,748	\$2,827	\$2,655	\$2,783	\$2,621
	70-74	\$3,372	\$2,898	\$2,979	\$2,799	\$2,934	\$2,764
	75+	\$3,571	\$3,067	\$3,149	\$2,971	\$3,113	\$2,934
Subscriber & 2 or More Dependents	<15	\$1,100	\$1,009	\$1,051	\$953	\$999	\$949
	15-29	\$1,513	\$1,341	\$1,384	\$1,332	\$1,398	\$1,328
	30-34	\$1,806	\$1,609	\$1,660	\$1,528	\$1,605	\$1,517
	35-39	\$1,920	\$1,668	\$1,714	\$1,586	\$1,670	\$1,566
	40-44	\$1,967	\$1,702	\$1,753	\$1,620	\$1,706	\$1,599
	45-49	\$2,143	\$1,792	\$1,837	\$1,710	\$1,805	\$1,675
	50-54	\$2,455	\$2,025	\$2,073	\$1,934	\$2,041	\$1,888
	55-59	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	60-64	\$2,747	\$2,174	\$2,212	\$2,083	\$2,197	\$2,015
	65-69	\$3,925	\$3,453	\$3,558	\$3,286	\$3,451	\$3,254
	70-74	\$4,139	\$3,645	\$3,753	\$3,464	\$3,640	\$3,432
	75+	\$4,383	\$3,858	\$3,969	\$3,676	\$3,861	\$3,643

SERFF Tracking Number: AWLP-127944418 State: California
Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2012-00014
Company
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: California Individual HIPAA
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Filing Cover Sheet Comments: Attachment: COVER_SHEET_CDI_HIPAA_2012.pdf		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum Comments: Attachment: MEMO_CDI_HIPAA_2012.pdf		

	Item Status:	Status Date:
Satisfied - Item: Document Submission Formset Comments: Attachment: DSF_CDI_HIPAA_Plans.xls		

	Item Status:	Status Date:
Bypassed - Item: Health Rate Supplemental Form Bypass Reason: N/A Comments:		

	Item Status:	Status Date:
Bypassed - Item: Third Party Authorization		

SERFF Tracking Number: AWLP-127944418 State: California
Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2012-00014
Company
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: California Individual HIPAA
Project Name/Number: /
Bypass Reason: N/A
Comments:

Item Status: **Status**
Date:

Bypassed - Item: Rate Summary Worksheet
Bypass Reason: N/A
Comments:

Item Status: **Status**
Date:

Bypassed - Item: Consumer Disclosure Form
Bypass Reason: N/A
Comments:

CALIFORNIA DEPARTMENT OF INSURANCE

FILING COVER SHEET for FORMS FILINGS with the POLICY APPROVAL BUREAU

(Suggested for use as the cover letter required by Title 10, California Code of Regulations §2205.)

TO: California Department of Insurance Policy Approval Bureau 45 Fremont Street San Francisco, CA 94105	FROM: (Official Insurer Name): Anthem Blue Cross Life and Health Insurance Company
	Submitter and Complete Mailing Address: Fritz Busch 13550 Triton Park Blvd. KY0304-A662 Louisville, KY 40223
	Submission Date: December 30, 2011

IDENTIFYING FORM NUMBER (S): R417, 0ADU [01-01-12]-RAT, PE02, 0ADN [01-01-12]-RAT, PE03, 0ADP [01-01-12]-RAT, PE42, 07TT [01-01-12]-RAT, DL99, 0ADL [01-01-12]-RAT, DZ30, 0ADM [01-01-12]-RAT, 025Q, 06BR [01-01-12]-RAT, 025S, 06BQ [01-01-12]-RAT, 028D, 06BS [01-01-12]-RAT, 0JT9, 0JTA, 0JTW

[The form number(s) of one or more of the documents submitted by which the filing can be identified. §2205(a)]

2. DOCUMENT CLASS [The subdivision of 10 CCR §2202(a) which best describes the forms submitted. (§2205(b))]

<u>Generic Description and Definition Citation</u>	<u>Check Below</u>	<u>Generic Description and Definition Citation</u>	<u>Check Below</u>
"Health Insurance"[Hospital, medical, surgical insurance, expense-incurred or indemnity §2202(a)(1)]	X	"Credit Life and Disability" [§2202(a)(6)]	
"Group and Blanket Life and Non-health Disability" [§2202(a)(2)]		"Supplemental Life Benefits" [§2202(a)(7)]	
"Individual Disability, Non-health" [§2202(a)(3)]		"Variable Life and Annuities" [§2202(a)(8)]	
"Medicare Supplement" [§2202(a)(4)]		"Fraternal" [Non-health Disability. §2202(a)(9)]	
"Long- term Care" [§2202(a)(5)]		"Unclassified"*[§2202(a)(11)]	
*Describe briefly (documents other than those described above may have to be filed with other Department Bureaus; see §2206):			

3. GROUP AND/OR INDIVIDUAL [Are the forms group, individual or used in both contexts? §2205(b)]

Group Only:	Individual Only: X	Group AND Individual:
-------------	---------------------------	-----------------------

4. EMPLOYER SIZE (Employer Health Insurance Only) [Where the forms submitted provide health coverage through employment, the minimum and the maximum sizes of the employers in terms of number of employees. §2205(c)]

2 to 50 Employees:	Over 50 Employees:	All Employers:
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5. REPLACES PREVIOUSLY - APPROVED DOCUMENT(S)?

[Do any documents replace previously-approved documents? §2205(d)]

Yes

6. FINAL PRINT FORM? [List those documents NOT in the final printed form in which they will be issued to insureds. §2205(e)]

Document(s)	
R417, 0ADU [01-01-12]-RAT, PE02, 0ADN [01-01-12]-RAT, PE03, 0ADP [01-01-12]-RAT, PE42, 07TT [01-01-12]-RAT, DL99, 0ADL [01-01-12]-RAT, DZ30, 0ADM [01-01-12]-RAT, 025Q, 06BR [01-01-12]-RAT, 025S, 06BQ [01-01-12]-RAT, 028D, 06BS [01-01-12]-RAT, 0JT9, 0JTA, 0JTW	

7. TYPE OF DOCUMENT WITH WHICH IT WILL BE USED. [For each document (such as a rider) which is designed to be used with another document not included in the filing, a statement of the document class with which it is to be used. §2205(f)]

Document Form Number	Document Class (from Item 2. above)
N/A	

8. MASTER POLICY FORM NUMBER AND APPROVAL DATE: **N/A**

[Where a certificate is submitted for use with a previously approved "group" document, the form number and the filing or approval date of the previously approved group document. §2205(g)]

9. IF ABOVE INFORMATION CANNOT BE FURNISHED, EXPLAIN WHY. [If the submitter is unable to furnish the information requested above, explain why. §2205(h)]

10. IS A RECEIPT ACKNOWLEDGMENT CARD ENCLOSED? **No**

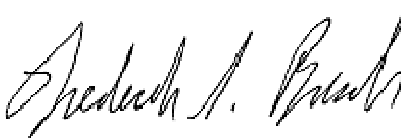
Please send acknowledgement to fritz.busch@anthem.com

[Submitters wanting acknowledgment of receipt of their filings must include a self-addressed, postage pre-paid postcard or letter for return when the filing is received. Acknowledgments must be drafted so that Department personnel need only enter dates of receipt before mailing. §2205(j)]

11. REMARKS AND ADDITIONAL INFORMATION (Attach additional sheets if necessary):

MAKE SURE THAT A COMPLETED 3-PART DOCUMENT SUBMISSION FORMSET IS INCLUDED [Filings of documents described in §2202(a)(1) through (a)(11) shall include three-part Document Submission Formsets. §2216(a)]

MAKE SURE THAT A STAMPED, RETURN ADDRESSED ENVELOPE IS INCLUDED [The cover letter shall be accompanied by a stamped, self-addressed business-size return envelope. §2205(i)]



SUBMITTER'S SIGNATURE AND TITLE:

Fritz Busch, FSA, MAAA
Staff VP and Actuary III

Anthem Blue Cross Life and Health Insurance Company
Actuarial Memorandum for

**Policy Form Numbers DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, 0ADP,
PE42, 07TT, 025Q, 06BR, 028D, 06BS, 025S, 06BQ, 0JT9, 0JTA, and 0JTW**
Individual Rates effective 1/1/2012

The purpose of this filing is to:

- * establish rates for the forms below
- * certify that these rates are in compliance with the minimum lifetime loss ratio standard set in California Code of Regulations 2222.12
- * certify that the rates for DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, 0ADP, PE42, 07TT, 025Q, 06BR, 028D, 06BS, 025S, 06BQ, 0JT9, and 0JTA are in compliance with the premium rate restrictions for federally eligible individuals set in California Insurance Code 10901.9 and 10901.3(a)
- * certify that the rates for PE42, 07TT, 028D, 06BS, and 0JTW are in compliance with the premium rate restrictions for conversion coverage set in California Insurance Code 12682.1(a)(2)

1. Policy Form Number and Name

DZ30, 0ADM	HIPAA Share 5000
DL99, 0ADL	HIPAA Basic PPO 1000
R417, 0ADU	HIPAA Share 5000
PE02, 0ADN	HIPAA Basic PPO 1000
PE03, 0ADP	HIPAA PPO Saver Plan
PE42, 07TT	Basic PPO 1000 Conversion (AB 1401 Conversion)
025Q, 06BR	HIPAA Share 5000
025S, 06BQ	HIPAA Basic PPO 1000
028D, 06BS	Conversion Share 5000 (AB1401 Conversion)
0JT9	HIPAA ClearProtection Plus 1000
0JTA	HIPAA ClearProtection Plus 5000
0JTW	Conversion ClearProtection Plus 5000 (AB1401 Conversion)

2. Description of Benefits Provided

The benefits for DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, and 0ADP were set by regulation to be our two most popular plans at the time of introduction. The benefits for PE42/07TT and 028D/06BS were set by regulation to be one of our two most popular plans at the time of introduction.

The benefits for forms R417/0ADU and DZ30/0ADM provide comprehensive major medical benefits for inpatient and outpatient hospital and physician services. There is a \$5,000 calendar year deductible with a maximum of two deductibles per family. After the deductible is met, the plan pays 70% of covered expenses. When the subscriber has paid the deductible plus \$2,500 in

coinsurance for covered expenses in any calendar year, the plan pays 100% of covered expenses for the remainder of the year. The lifetime maximum benefit is \$5,000,000. Prescription drug benefits are provided for formulary drugs at a \$10 copay for generic drugs, and a \$30 copay for brand name drugs with a separate \$750 deductible on brand name drugs. Non-formulary drugs are subject to 50% coinsurance with brand name deductible still applying. Both are R417 and DZ30 are Individual Policy Forms. As of 1/1/10 both R417/0ADU and DZ30/0ADM are not available for new sales.

The benefits for forms DL99/0ADL and PE02/0ADN include in-hospital expenses such as room accommodations, surgery, anesthesia, radiation therapy, and physician benefits; emergencies, including ambulance; outpatient infusion therapy; ambulatory surgical centers; skilled nursing facilities; and home health care. Both forms have a deductible of \$1,000 and an out-of-pocket maximum of \$2,500 in coinsurance plus the deductible. Additional professional benefits are provided after the out-of-pocket maximum is reached. Both DL99/0ADL and PE02/0ADN are Individual Policy Forms. As of 1/1/10 both DL99/0ADL and PE02/0ADN are not available for new sales.

The benefits for form PE03/0ADP provide comprehensive major medical benefits for inpatient and outpatient hospital and physician services. In-hospital services are subject to a \$500 deductible. Out-of-hospital services are subject to a \$5,000 deductible. Up to two office visits for adults, and four office visits for children are provided at a \$30 copay and are not subject to the deductibles. There is an out-of-pocket maximum of \$5,000 per member with a two member maximum. Prescription drug benefits are provided at a \$10 copay for generic drugs, and a \$30 copay for brand name drugs with a separate \$500 deductible on brand name drugs. PE03/0ADP is an Individual Policy Form and is not available for new sales.

The benefits for form PE42/07TT include in-hospital expenses such as room accommodations, surgery, anesthesia, radiation therapy, and physician benefits; emergencies, including ambulance; outpatient infusion therapy; ambulatory surgical centers; skilled nursing facilities; and home health care. The form has a deductible of \$1,000 and an out-of-pocket maximum of \$2,500 in coinsurance plus the deductible. Additional professional benefits are provided after the out-of-pocket maximum is reached. PE42/07TT is an Individual Policy Form and is not available for new sales.

The benefits for form 025Q/06BR provides comprehensive major medical benefits for inpatient and outpatient hospital and physician services. There is a \$5,000 calendar year deductible with a maximum of two deductibles per family. After the deductible is met, the plan pays 70% of covered expenses. When the subscriber has paid the deductible plus \$2,500 in coinsurance for covered expenses in any calendar year, the plan pays 100% of covered expenses for the remainder of the year. The lifetime maximum benefit is \$5,000,000. Prescription drug benefits are provided for formulary drugs at a \$10 copay for generic drugs, and a \$30 copay for brand name drugs with a separate \$750 deductible on brand name drugs. Non-formulary drugs are subject to 50% coinsurance with brand name deductible still applying. 025Q/06BR is an Individual Policy Form and is not available for new sales.

The benefits for form 025S/06BQ includes in-hospital expenses such as room accommodations, surgery, anesthesia, radiation therapy, and physician benefits; emergencies, including ambulance; outpatient infusion therapy; ambulatory surgical centers; skilled nursing facilities; and home health care. The form has a deductible of \$1,000 and an out-of-pocket maximum of \$2,500 in coinsurance plus the deductible. Additional professional benefits are provided after the out-of-pocket maximum is reached. 025S/06BQ is an Individual Policy Form and is not available for new sales.

The benefits for form 028D/06BS provides comprehensive major medical benefits for inpatient and outpatient hospital and physician services. There is a \$5,000 calendar year deductible with a maximum of two deductibles per family. After the deductible is met, the plan pays 70% of covered expenses. When the subscriber has paid the deductible plus \$2,500 in coinsurance for covered expenses in any calendar year, the plan pays 100% of covered expenses for the remainder of the year. The lifetime maximum benefit is \$5,000,000. Prescription drug benefits are provided for formulary drugs at a \$10 copay for generic drugs, and a \$30 copay for brand name drugs with a separate \$750 deductible on brand name drugs. Non-formulary drugs are subject to 50% coinsurance with brand name deductible still applying. 028D/06BS is an Individual Policy Form and is not available for new sales.

The benefits for form 0JT9 provides comprehensive major medical benefits for inpatient and outpatient hospital and physician services. There is a \$1,000 hospital deductible, 40% member coinsurance and \$4,500 out-of-pocket maximum. With the exception of Preventive Care services which are waived from the deductible and paid at 100%, only hospital and emergency room services are paid after the deductible. All other services are covered and paid for at 100% after the Out-of-Pocket Maximum is reached. Prescription benefit utilizes our Generic Premium formulary which includes generic drugs and at least one brand name drug per therapeutic class. The member pays a \$15 copay per generic prescription. There is a separate \$2000 brand + specialty deductible. A \$35 copay per brand prescription applies after the brand/specialty deductible is met, and a 25% member coinsurance for specialty drugs with an annual member OOP max of \$2500.

The benefits for form 0JTA provides comprehensive major medical benefits for inpatient and outpatient hospital and physician services. There is a \$5,000 hospital deductible, 40% member coinsurance and \$8,500 out-of-pocket maximum. With the exception of Preventive Care services which are waived from the deductible and paid at 100%, only hospital and emergency room services are paid after the deductible. All other services are covered and paid for at 100% after the Out-of-Pocket Maximum is reached. Prescription benefit utilizes our Generic Premium formulary which includes generic drugs and at least one brand name drug per therapeutic class. The member pays a \$15 copay per generic prescription. There is a separate \$2000 brand + specialty deductible. A \$35 copay per brand prescription applies after the brand/specialty deductible is met, and a 25% member coinsurance for specialty drugs with an annual member OOP max of \$2500.

The benefits for form 0JTW provides comprehensive major medical benefits for inpatient and outpatient hospital and physician services. There is a \$5,000 hospital deductible, 40% member coinsurance and \$8,500 out-of-pocket maximum. With the exception of Preventive Care services which are waived from the deductible and paid at 100%, only hospital and emergency room services are paid after the deductible. All other services are covered and paid for at 100% after the Out-of-Pocket Maximum is reached. Prescription benefit utilizes our Generic Premium formulary which includes generic drugs and at least one brand name drug per therapeutic class. The member pays a \$15 copay per generic prescription. There is a separate \$2000 brand + specialty deductible. A \$35 copay per brand prescription

applies after the brand/specialty deductible is met, and a 25% member coinsurance for specialty drugs with an annual member OOP max of \$2500.

Forms OJT9 and OJTA are Anthem's two most popular health benefit plans for 2012 as determined pursuant to Insurance Code §§ 10901.2. Anthem has determined its most popular plans based on premium volume as required by the applicable provisions of HIPAA. Specifically, Insurance Code § 10901.2(a) requires an insurer to offer "Federally eligible defined individuals" the health benefit plans specified in Insurance Code § 10785(d). In turn, Insurance Code § 10785(d) requires an insurer to offer the two most popular products as defined in 42 USC § 300gg-41(c)(2) and 45 CFR §148.130(c)(2). 45 CFR §148.130(c)(2) provides in relevant part:

Most popular policies. The *two most popular policy forms* means the policy forms with the largest, and the second largest, premium volume for the last reporting year, for policies offered in that State. In the absence of applicable State standards, *premium volume* means earned premiums for the last reporting year. In the absence of applicable State standards, the last reporting year is the period from October 1 through September 30 of the preceding year. Blocks of business closed under applicable State law are not included in calculating premium volume.

Forms OJT9 and OJTA will be made available after approval of the policy forms and rates and system changes are made to support the new products.

OJTW is Anthem's designated conversion policy form designated pursuant to Insurance Code § 12682.1(a)(2) and will be made available after approval of the policy form and rates and system changes are made to support the new product.

3. Premium Rate Structure

The premium rates for these forms vary by attained age. For Subscriber & Spouse or Family, the rates are based on the age of the younger spouse.

4. Filed Rate Change

By California Insurance Code 10901.9 and 12682.1(a)(2), the premium rates for these forms may not exceed the average premium in the MRMIP program for the same subscriber age, geographic area, and family type. In addition, the premium rate for these forms for a subscriber age 60-64 may not exceed the average premium paid by a 59 year-old subscriber in MRMIP for the same geographic area and family type. Finally, the rate increase for each rating cell of these forms may not exceed the average increase for that rate cell in the MRMIP marketplace.

Per Department's instructions, and as agreed upon in last year's rate filing, we used MRMIP average premium rates obtained from the Department and calculated by MRMIB.

5. Compliance with a 70% Minimum Lifetime Loss Ratio

The following is the historical and projected experience for the forms included in this filing. Months through September 2011 contain historical data. Months October 2011 and later are projected.

Experience for CDI HIPAA and AB 1401 Conversion plans

Year	Member Months	Loss Ratio
2008*	1,559	73%
2009	2,435	95%
2010	15,422	117%
2011	37,482	132%
2012	46,291	135%

**membership prior to 2008 was immaterial.*

Assumptions for Projection:

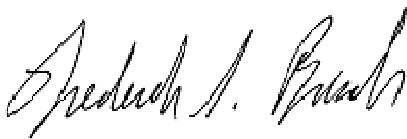
- The total 2012 annual claim trend is assumed to be 8.0%.
- Premium used reflects refunds issued to subscribers for past premiums which exceeded regulatory maximums.

6. Certification

Based upon the experience above, I certify that the lifetime loss ratio is expected to exceed 70% and that the future lifetime loss ratio is expected to exceed 70%.

For these revised filed rates effective 1/1/2012 for DZ30, 0ADM, DL99, 0ADL, R417, 0ADU, PE02, 0ADN, PE03, 0ADP, PE42, 07TT, 025Q, 06BR, 028D, 06BS, 025S, 06BQ, 0JT9, 0JTA, and 0JTW : I certify that the rates do not exceed the average premium in the MRMIP program for the same rating cell. I certify that the subscriber age 60-64 rates do not exceed the average premium in the MRMIP program for a 59 year-old subscriber in the same geographic area and family type. I certify that the rate increase does not exceed the average increase for that rate cell in the MRMIP marketplace.

Pursuant to Insurance Code section 10902.3, the company certifies that it is in compliance with Insurance Code sections 10901.3(a) and 10901.9.

A handwritten signature in black ink, appearing to read "Fritz Busch". The signature is fluid and cursive, with the first name "Fritz" and last name "Busch" clearly distinguishable.

Fritz Busch, FSA, MAAA
Staff VP and Actuary III
Anthem Blue Cross Life and Health Insurance Company
December 30, 2011

<i>SERFF Tracking Number:</i>	<i>AWLP-127944418</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Anthem Blue Cross Life and Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2012-00014</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>California Individual HIPAA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Attachment "DSF_CDI_HIPAA_Plans.xls" is not a PDF document and cannot be reproduced here.

See next page for attachment.

CALIFORNIA DOCUMENT SUBMISSION FORMSET

California Insurer Number:		FOR DEPARTMENT USE ONLY		
(NOT NAIC Number) 3273-0		Our File Number:		Fee Code:
Official Insurer Name:		Reviewer:		
Anthem Blue Cross Life and Health Insurance Company				
Submitter and Complete Mailing Address:				
Anthem Blue Cross Life and Health Insurance Company Attn: Fritz Busch KY0304-A662 13550 Triton Park Blvd. Louisville, KY 40223				
Submission Date: December 30, 2011		Dept. Action Date:		
Document Form Number	Doc Type <small>("Policy," etc)</small>	Document Coverage	Department Action	Fee
1	R417, 0ADU [01-01-12]-RAT	Rate		
2	PE02, 0ADN [01-01-12]-RAT	Rate		
3	PE03, 0ADP [01-01-12]-RAT	Rate		
4	PE42, 07TT [01-01-12]-RAT	Rate		
5	DL99, 0ADL [01-01-12]-RAT	Rate		
6	DZ30, 0ADM [01-01-12]-RAT	Rate		
7	025Q, 06BR [01-01-12]-RAT	Rate		
8	025S, 06BQ [01-01-12]-RAT	Rate		
9	028D, 06BS [01-01-12]-RAT	Rate		
10	0JT9 [01-01-12]-RAT	Rate		
11	0JTA [01-01-12]-RAT	Rate		
12	0JTW [01-01-12]-RAT	Rate		
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
INSTRUCTIONS: Complete the part of the form to the left of the center vertical line. Enter one document to a numbered line. Use additional formsets if necessary. Be accurate - the copy of this form that we return to you will be your only record of our action on your submission. THIS IS NOT A BILL - DO NOT PAY. YOU WILL RECEIVE A SEPARATE FILING FEE INVOICE SHORTLY; REMIT FEES ONLY WITH THAT INVOICE.			Total: \$0.00	